



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Medical Superintendent, New Civil Hospital, surat, Surat, Gujarat



**Certificate No.:** GJ2510619940137487

**Date:** 09/09/2020

This is to certify that I/We have carefully examined Shri **Abusufiyan Mohammed Aziz Pathan** Son of Shri **Mohammed Aziz**, Date of Birth **16/05/1994**, Male, Registration No. **2425/00000/2002/3127134**, resident of **Ho 2633, b/h Masjid-e-mariyam, Lajnagar - 394235**, Sub District **Chorasi**, District **Surat**, State / UT **Gujarat**

Whose photograph is affixed above, and I/We satisfied that:

**(A)** He is a case of **Locomotor Disability**

**(B)** The diagnosis in his case is **POST OPERATIVE RT ANKLE STIFNESS WITH RESTRICTED MOTION WITH ALTERED GAIT**

**(C)** He has **40%** (in figure) **Forty** percent(in words) Temporary Disability in relation to his **WHOLE** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **1 year(s)**, and therefore this certificate shall be valid till **09/09/2021**

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Electricity Bill (not older than last three months)

*Pathan A.M.*

Signature / Thumb Impression of the Person with Disability

*C.B. Patel*

Signature of notified Medical Authority Member

*S. M. Patel*

Medical Superintendent, New Civil Hospital, surat  
Surat, Gujarat

